

DOCKET FILE COPY ORIGINAL

The Nova Telephone Company, Inc.

P.O. Box 733
Judson, TX 75660

Received & Inspected

OCT 17 2013

FCC Mail Room

October 8, 2013

Charles D. Mattingly, Jr.
CEO/President
The Nova Telephone Company, Inc.
P.O. Box 733
Judson, TX 75660

Mr. Charles Tyler
Telecommunications Access Policy Division, Room 5-A452
Federal Communications Commission
445 12th Street, SW
Washington, D.C. 20554

RE: CONFIDENTIAL FINANCIAL INFORMATION
SUBJECT TO PROTECTIVE ORDER IN WC DOCKET
NOS. 10-90, 07-135, 05-337, 03-109, CC DOCKET
NOS. 01-92, 96-45, GN DOCKET NO. 09-51, WT
DOCKET NO. 10-208, BEFORE THE FEDERAL
COMMUNICATIONS COMMISSION

To Whom It May Concern:

Please find attached with this letter two copies of the redacted Form 481, with redacted attachments, filed on behalf of our company. All information in this filing is considered confidential and to be treated in accordance with the protective order issued by the FCC (DA 12-1857) related to the dockets listed above. An un-redacted copy, stamped confidential, has been sent to the Secretary's office. This information has also been filed with our state commission and electronically submitted, and certified, with the Universal Service Administration Company. If you have any questions or concerns with the attachments, please contact Charles Curtis at Charles.curtis@contaegis.com or by phone at 252-514-2203.

Sincerely,



Charles D. Mattingly, Jr

Cc: file

REDACTED – FOR PUBLIC INSPECTION

Copies rec'd 0+1

FCC Form 481 - Carrier Annual Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-1006/CMB Control No. 3060-0015
July 2013

<010> Study Area Code 300644

<015> Study Area Name THE NOVA TEL CO

<020> Program Year 2014

<030> Contact Name: Person USAC should contact with questions about this data Stephanie Curtis

<035> Contact Telephone Number: Number of the person identified in data line <030> 252-514-2203

<039> Contact Email Address: Email of the person identified in data line <030> stephanie@contaegis.com

Received & Inspected

OCT 17 2013

FCC Mail Room

ANNUAL REPORTING FOR ALL CARRIERS

54.313
Completion
Required

54.422
Completion
Required

		(check box when complete)	
<100>	Service Quality Improvement Reporting (complete attached worksheet)	<input checked="" type="checkbox"/>	
<200>	Outage Reporting (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> -- check box if no outages to report		
<300>	Unfulfilled Service Requests (voice)	<input checked="" type="checkbox"/>	
<310>	Detail on Attempts (voice) (attach descriptive document)		
<320>	Unfulfilled Service Requests (broadband)	<input checked="" type="checkbox"/>	
<330>	Detail on Attempts (broadband) (attach descriptive document)		
<400>	Number of Complaints per 1,000 customers (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed 0.0		
<420>	Mobile 0.0		
<430>	Number of Complaints per 1,000 customers (broadband)	<input checked="" type="checkbox"/>	
<440>	Fixed 0.0		
<450>	Mobile 0.0		
<500>	Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)		
<510>	(attach descriptive document)		
<600>	Functionality in Emergency Situations (check to indicate certification)		
<610>	(attach descriptive document)		
<700>	Company Price Offerings (voice) (complete attached worksheet)		
<710>	Company Price Offerings (broadband) (complete attached worksheet)		
<800>	Operating Companies and Affiliates (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? (if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	
<1000>	Voice Services Rate Comparability (check to indicate certification)		
<1010>	(attach descriptive document)		
<1100>	Terrestrial Backhaul (Y/N)? (if not, check to indicate certification)	<input checked="" type="checkbox"/>	
<1110>	(complete attached worksheet)		
<1200>	Terms and Condition for Lifeline Customers (complete attached worksheet)		<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	
<2005>	(complete attached worksheet)	

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	

(100) Service Quality Improvement Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

- <010> Study Area Code 300644
- <015> Study Area Name THE NOVA TEL CO
- <020> Program Year 2014
- <030> Contact Name - Person USAC should contact regarding this data Stephanie Curtis
- <035> Contact Telephone Number - Number of person identified in data line <030> 252-514-2203
- <039> Contact Email Address - Email Address of person identified in data line <030> stephanie@contaeq1s.com
- <110> Has your company received its ETC certification from the FCC? (yes / no) ☒ ☐
- If your answer to line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? (yes / no) ☐ ☐
- <111> If your answer to line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.
- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Attached Document (.pdf)

FCC Form 481
OMB Control No. 3060-0386/OMB Control No. 3060-0819
July 2013

300644

THE NOVA TEL CO

2014

Stephanie Curtis

30> 252-514-2203

30> stephanie@contraegis.com

-- See attached worksheet --

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0919
July 2013

Page 6

<010>	Study Area Code	300644
<015>	Study Area Name	THE NOVA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Curtis
<035>	Contact Telephone Number - Number of person identified in data line <030>	252-514-2203
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@contaeqis.com
<810>	Reporting Carrier	The Nova Telephone Company
<811>	Holding Company	
<812>	Operating Company	

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0919
July 2013

<010> Study Area Code

300644

<015> Study Area Name

THE NOVA TEL CO

<020> Program Year

2014

<030> Contact Name - Person USAC should contact regarding this data

Stephanie Curtis

<035> Contact Telephone Number - Number of person identified in data line <030>

252-514-2203

<039> Contact Email Address - Email Address of person identified in data line <030>

stephanie@contaeqis.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

Name of Attached Document (.pdf)

<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;

<922> Feasibility and sustainability planning;

<923> Marketing services in a culturally sensitive manner;

<924> Compliance with Rights of way processes

<925> Compliance with Land Use permitting requirements

<926> Compliance with Facilities Siting rules

<927> Compliance with Environmental Review processes

<928> Compliance with Cultural Preservation review processes

<929> Compliance with Tribal Business and Licensing requirements.

Select
(Yes, No,
NA)

(100) No Terrestrial Backhaul Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	300644
<015>	Study Area Name	THE NOVA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Curtis
<035>	Contact Telephone Number - Number of person identified in data line <030>	252-514-2203
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@contaeigis.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

☐

**(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/GMB Control No. 3060-0819
July 2013

<010>	Study Area Code	300644
<015>	Study Area Name	THE NOVA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Curtis
<035>	Contact Telephone Number - Number of person identified in data line <030>	252-514-2203
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@contaeigis.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

300644oh1210

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate of Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
OMB Control No. 3060-0984/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	300644
<015>	Study Area Name	THE NOVA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Curtis
<035>	Contact Telephone Number - Number of person identified in data line <030>	252-514-2203
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@contaegis.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b)(1), (c)(d)(e) the information reported on this form and in the documents attached below is accurate.

<2010>	Incremental Connect America Phase I Reporting	<input type="checkbox"/>
<2011>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
<2012>	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	<input type="checkbox"/>
<2013>	2013 Frozen Support Certification	<input type="checkbox"/>
<2014>	2014 Frozen Support Certification	<input type="checkbox"/>
<2015>	2015 Frozen Support Certification	<input type="checkbox"/>
	2016 and future Frozen Support Certification	<input type="checkbox"/>
<2016>	Price Cap Carrier Connect America ILC Support (47 CFR § 54.313(d))	<input type="checkbox"/>
	Certification Support Used to Build Broadband	<input type="checkbox"/>
<2017>	Connect America Phase II Reporting (47 CFR § 54.313(e))	<input type="checkbox"/>
<2018>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2019>	5th year Broadband Service Certification	<input type="checkbox"/>
<2020>	Interim Progress Certification	<input type="checkbox"/>
	Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	<input type="checkbox"/>

Name of Attached Document Listing Required Information

(3004) Rate of Return Carrier Additional Documentation
Data Collection Form

FCI Control No. 3006-0356/0306 Control No. 3006-0813
July 2013

<Q1>	Study Area Code	300644
<Q1>	Study Area Name	THE NOVA TEL CO
<Q2>	Program Year	2014
<Q3>	Contact Name - Person USAC should contact regarding this data	Stephanie Curtis
<Q3>	Contact Telephone Number - Number of person identified in data line <Q3>	252-514-2203
<Q3>	Contact Email Address - Email address of person identified in data line <Q3>	stephanie@contcaeqs.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010)	Progress Report on 5 Year Plan		Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i))			
(3011)	Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.			
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(2)(ii))		Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))			<input checked="" type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report			
(3014)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:			
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)			<input type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows			<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation			
(3018)	If the response is no on line 3014, is your company audited?		Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3018)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains			
(3019)	Either a copy of their audited financial statements, or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications			<input type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows			<input type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.			<input type="checkbox"/>
(3022)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:			<input checked="" type="checkbox"/>
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant, or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,			<input checked="" type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant			<input checked="" type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.			<input checked="" type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows			<input checked="" type="checkbox"/>
(3026)	Attach the worksheet listing required information		Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>

**Certification - Reporting Carrier
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0815
July 2013

<010>	Study Area Code	300644
<015>	Study Area Name	THE NOVA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Curtis
<035>	Contact Telephone Number - Number of person identified in data line <030>	252-514-2203
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@contaegis.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	THE NOVA TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE
	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	300644
Filing Due Date for this form:	10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0385/OMB Control No. 3060-0319 July 2013
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<010> Study Area Code	300644
<015> Study Area Name	THE NOVA TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Stephanie Curtis
<035> Contact Telephone Number - Number of person identified in data line <030>	252-514-2203
<039> Contact Email Address - Email Address of person identified in data line <030>	stephanie@contaegis.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: THE NOVA TEL CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: 300644	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: THE NOVA TEL CO	
Name of Authorized Agent or Employee of Agent: Charles D. Mattingly	
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: _____
Printed name of Authorized Agent or Employee of Agent: Charles D. Mattingly	
Title or position of Authorized Agent or Employee of Agent: President	
Telephone number of Authorized Agent or Employee of Agent: 903-663-0099	
Study Area Code of Reporting Carrier: 300644	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

REDACTED-FOR PUBLIC INSPECTION

Attachments

REDACTED-FOR PUBLIC INSPECTION

THE NOVA TELEPHONE COMPANY

SECTION 2
Original Sheet No. 2

P.U.C.O. NO. 5
General Exchange

BASIC TELEPHONE ASSISTANCE

II. LIFELINE/LINK UP REQUIREMENTS

A. General

1. Lifeline shall be a flat-rate, monthly, primary access line service with touch-tone service or any other packages/bundles of service, if available to customers, less the lifeline discount and shall provide all of the following:
 - (a) A recurring discount to the monthly basic local exchange service rate that provides for the maximum contribution of federally available assistance;
 - (b) Not more than once per customer at a single address in a twelve-month period, a waiver of all nonrecurring service order charges for establishing service;
 - (c) Free blocking of toll service, 900 service and 976 service;
 - (d) A waiver of the federal universal service fund end user charge;
 - (e) A waiver of the telephone company's service deposit requirement.

B. Regulations

1. Lifeline Assistance is available to residential customers who are currently participating in one of the following federal or state low-income assistance programs that limit assistance based on household income:
 - (a) Medical Assistance under Chapter 5111 of the Ohio Revised Code (Medicaid) or any state program that might supplant Medicaid;
 - (b) Supplemental Nutritional Assistance Program (SNAP/food Stamps);
 - (c) Supplemental Security Income (SSI) under Title XVI of the Social Security Act;
 - (d) Supplemental Security Insurance – blind and disabled (SSDI);
 - (e) Federal public housing assistance, or Section 8;
 - (f) Home Energy Assistance Programs (HEAP, LIHEAP, E-HEAP);

ISSUED: March 31, 2011

EFFECTIVE: October 21, 2011

In Accordance with Case No. 11-1911-TP-ATA
Issued by the Public Utilities Commission of Ohio
Charlie Mattingly, President
Nova, Ohio

REDACTED-FOR PUBLIC INSPECTION

THE NOVA TELEPHONE COMPANY

SECTION 2
Original Sheet No. 3

P.U.C.O. NO. 5
General Exchange

II. LIFELINE/LINK UP REQUIREMENTS (Con't)

- (g) National School Lunch Program's Free Lunch Program (NSL);
 - (h) Temporary Assistance for Needy Families (TANF/Ohio Works); or
 - (i) General Assistance (including disability assistance (DA)).
2. Lifeline Assistance is available to residential customers whose total household income is at or below one-hundred fifty percent (150%) of the federal poverty level.
 3. The Telephone Company shall require, as proof of eligibility for Lifeline Assistance, a document signed by the customer, certifying under penalty of perjury that the customer is receiving benefits from one of the programs identified in Section ## B.1., above; identifying the specific program or programs from which the customer receives benefits and agree to notify the carrier if the customer ceases to participate in such program or programs. If a customer is applying for Lifeline based on income Section ## B.5.a-g for examples of income documentation.
 4. The Telephone Company must verify Lifeline service eligibility for customers who qualify through household income-based requirements consistent with the FCC requirements in 47 C.F.R. 54.
 5. Consistent with federal law, examples of acceptable income documentation includes the following:
 - (a) State or federal income tax return;
 - (b) Current income statement or W-2 from an employer;
 - (c) Three consecutive months of current pay stubs;
 - (d) Social security statement of benefits;
 - (e) Retirement/Pension statement of benefits;
 - (f) Unemployment/Workmen's Compensation statement of benefits;
 - (g) Any other legal document that would show current income (such as a divorce decree or child support document).

ISSUED: March 31, 2011

In Accordance with Case No. 11-1911-TP-ATA
Issued by the Public Utilities Commission of Ohio
Charlie Mattingly, President
Nova, Ohio

EFFECTIVE: October 21, 2011

REDACTED-FOR PUBLIC INSPECTION

THE NOVA TELEPHONE COMPANY

SECTION 2
Original Sheet No. 4

P.U.C.O. NO. 5
General Exchange

II. LIFELINE/LINK UP REQUIREMENTS (Con't)

6. Customers qualifying for Lifeline with past due bills for regulated local service charges shall be offered special payment arrangements with the initial payment not to exceed \$25.00 before service is installed, with the balance for regulated local charges to be paid over six equal monthly payments. Lifeline service customers with past due bills for toll service charges shall have toll restricted service until such past due toll service charges have been paid or until the customer establishes service with a subsequent toll provider.
7. All other aspects of the state-specific lifeline service shall be consistent with the federal requirements. The rates, terms, and conditions for lifeline service shall be tariffed in accordance with Rule 4901:1-6-11 of the Administrative Code.
8. The Telephone Company shall provide written notification to the customer applying for Lifeline service that is determined ineligible for Lifeline service and shall provide an additional 30 days to prove eligibility.
9. The Telephone Company shall provide written customer notification if a customer's Lifeline service benefits are to be terminated due to failure to submit acceptable documentation for continued eligibility for that assistance. The Lifeline customer shall have an additional sixty (60) days to submit acceptable documentation of continued eligibility or dispute the findings regarding termination of benefits.
10. The Telephone Company shall establish procedures to verify an individual's continuing Lifeline eligibility for both program and income based criteria consistent with the FCC's requirements in 47 C.F.R. 54.409-54410.

C. Enrollment Process

1. Existing Customers
2. New Customers

D. Income Eligibility

1. The Telephone Company must verify through acceptable documentation that a customer qualifies for Lifeline Assistance. Such verification must be performed within 60 days of a customer's service establishment. Examples of income documentation are identified in Section ## B.5.a-g.
2. Regardless of when the Company completes the verification process Lifeline benefits shall go back to the date the qualified customer established Lifeline.

ISSUED: March 31, 2011

In Accordance with Case No. 11-1911-TP-ATA
Issued by the Public Utilities Commission of Ohio
Charlie Mattingly, President
Nova, Ohio

EFFECTIVE: October 21, 2011

REDACTED-FOR PUBLIC INSPECTION

THE NOVA TELEPHONE COMPANY

SECTION 2
Original Sheet No. 5

P.U.C.O. NO. 5
General Exchange

II. LIFELINE/LINK UP REQUIREMENTS (Con't)

3. The Telephone Company shall provide written notification to customers that do not qualify for Lifeline Assistance. The notice shall give the customer an additional 30-day opportunity to prove eligibility or dispute the company's determination. **Such notice shall be given at least 30 days prior to the date the company intends to terminate the Lifeline benefits.**
4. Written notification must include: 1) the earliest date termination of Lifeline benefits will occur if the customer has been receiving the benefits or the last date the customer has to provide documentation to prove eligibility to receive the benefits; 2) the reason(s) for termination of Lifeline benefits and any actions which the customer must take to demonstrate continued eligibility; 3) contact information for the Telephone Company; and 4) a statement explaining who customers may contact in the event of a dispute.
5. If a customer disagrees with a company's findings regarding eligibility for Lifeline Assistance, the customer may file an informal/formal complaint with the Public Utilities Commission of Ohio.

E. Verification for Continued Eligibility

1. The Telephone Company must notify customers at least 60 days prior to the company's pending termination of the customer's Lifeline Assistance if the customer fails to submit acceptable documentation for continued eligibility for benefits. Such notice will be separate from the bill and will include: 1) the earliest date termination of Lifeline benefits would occur; 2) the reason(s) for termination of Lifeline benefits and any actions which the customer must take to demonstrate continued eligibility; 3) contact information for the Telephone Company; and 4) a statement explaining who customers may contact in the event of a dispute.
2. Should a customer fail to submit proper documentation within the 60 day period, the Telephone Company will

ISSUED: March 31, 2011

In Accordance with Case No. 11-1911-TP-ATA
Issued by the Public Utilities Commission of Ohio
Charlie Mattingly, President
Nova, Ohio

EFFECTIVE: October 21, 2011

(Optional) Reporting Report for Privately Held Sales of Return Carriers

Required: Public Data Collection Form

Page 2 of 2

EDC Form 481

EDC Control No. 1068-0088

EDC Control No. 1000-0319

July 2013

300644

<010> Study Area Code

<015> Study Area Name

<020> Program Year

<030> Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030>

<039> Contact Email Address - Email Address of person identified in data line <030>

252-349-2203

charles.curtis@contagis.com

Filed as reviewed single company

Filed as reviewed consolidated company

Filed as subsidiary of reviewed consolidated company

Filed as audited single company

Filed as audited consolidated company

Filed as subsidiary of audited consolidated company

CERTIFICATION

We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.

/s/Charlie Mattingly/s/

10/12/2013

Signature

Date

PART A. BALANCE SHEET

		BALANCE PRIOR	BALANCE END OF			BALANCE PRIOR	BALANCE END OF
ASSETS				LIABILITIES AND STOCKHOLDERS' EQUITY		YEAR	PERIOD
CURRENT ASSETS				CURRENT LIABILITIES			
1. Cash and Equivalents				25. Accounts Payable			
2. Cash-RUS Construction Fund				26. Notes Payable			
3. Affiliates:				27. Advance Billings and Payments			
a. Telecom, Accounts Receivable				28. Customer Deposits			
b. Other Accounts Receivable				29. Current Mat. L/T Debt			
c. Notes Receivable				30. Current Mat. L/T Debt-Rur. Dev.			
4. Non-Affiliates:				31. Current Mat.-Capital Leases			
a. Telecom, Accounts Receivable				32. Income Taxes Accrued			
b. Other Accounts Receivable				33. Other Taxes Accrued			
c. Notes Receivable				34. Other Current Liabilities			
5. Interest and Dividends Receivable				35. Total Current Liabilities (25 thru 34)			
6. Material-Regulated				LONG-TERM DEBT			
7. Material-Nonregulated				36. Funded Debt-RUS Notes			
8. Prepayments				37. Funded Debt-RTB Notes			
9. Other Current Assets				38. Funded Debt-FFB Notes			
10. Total Current Assets (1 thru 9)				39. Funded Debt-Other			
				40. Funded Debt-Rural Develop. Loan			
NONCURRENT ASSETS				41. Premium (Discount) on L/T Debt			
11. Investment in Affiliated Companies				42. Reacquired Debt			
a. Rural Development				43. Obligations Under Capital Lease			
b. Nonrural Development				44. Adv. From Affiliated Companies			
12. Other Investments				45. Other Long-Term Debt			
a. Rural Development				46. Total Long-Term Debt (36 thru 45)			
b. Nonrural Development				OTHER LIAB. & DEF. CREDITS			
13. Nonregulated Investments				47. Other Long-Term Liabilities			
14. Other Noncurrent Assets				48. Other Deferred Credits			
15. Deferred Charges				49. Other Jurisdictional Differences			
16. Jurisdictional Differences				50. Total Other Liabilities and Deferred Credits (47 thru 49)			
17. Total Noncurrent Assets (11 thru 16)				EQUITY			
PLANT, PROPERTY, AND EQUIPMENT				51. Cap. Stock Outstanding & Subscribed			
18. Telecom, Plant-in-Service				52. Additional Paid-in-Capital			
19. Property Held for Future Use				53. Treasury Stock			
20. Plant Under Construction				54. Membership and Cap. Certificates			
21. Plant Adj., Nonop. Plant & Goodwill				55. Other Capital			
22. Less Accumulated Depreciation				56. Patronage Capital Credits			
23. Net Plant (18 thru 21 less 22)				57. Retained Earnings or Margins			
24. TOTAL ASSETS (10+17+23)				58. Total Equity (51 thru 57)			
				59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)			

(2000b) Operating Report for Privately-Held Rate of Return Carriers Income Statement - Data Collection Form	FCC Form 483 OMB Control No. 3060-0986 OMB Control No. 3060-0819 July 2013
Page 2 of 3	

<010> Study Area Code 300644
 <015> Study Area Name The Nova Telephone Company, Inc.
 <020> Program Year 2014
 <030> Contact Name - Person USAC should contact regarding this data Charles Curtis
 <035> Contact Telephone Number - Number of person identified in data line <030> 252-349-2203
 <039> Contact Email Address - Email Address of person identified in data line <030> charles.curtis@contagis.com

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		
ITEM	PRIOR YEAR	THIS YEAR
1. Local Network Services Revenues		
2. Network Access Services Revenues		
3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. Net Operating Revenues (1 thru 5 less 6)		
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
10. Depreciation Expense		
11. Amortization Expense		
12. Customer Operations Expense		
13. Corporate Operations Expense		
14. Total Operating Expenses (8 thru 13)		
15. Operating Income or Margins (7 less 14)		
16. Other Operating Income and Expenses		
17. State and Local Taxes		
18. Federal Income Taxes		
19. Other Taxes		
20. Total Operating Taxes (17+18+19)		
21. Net Operating Income or Margins (15+16-20)		
22. Interest on Funded Debt		
23. Interest Expense - Capital Leases		
24. Other Interest Expense		
25. Allowance for Funds Used During Construction		
26. Total Fixed Charges (22+23+24-25)		
27. Nonoperating Net Income		
28. Extraordinary Items		
29. Jurisdictional Differences		
30. Nonregulated Net Income		
31. Total Net Income or margins (21+27+28+29+30-26)		
32. Total Taxes Based on Income		
33. Retained Earnings or Margins Beginning-of-Year		
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)		
36. Dividends Declared (Preferred)		
37. Other Debits Year-to-Date		
38. Transfers to Patronage Capital		
39. Retained Earnings or Margins end-of-Period [(31+33+34)-(35+36+37+38)]		
40. Patronage Capital Beginning-of-Year		
41. Transfers to Patronage Capital		
42. Patronage Capital Credits Retired		
43. Patronage Capital End-of-Year (40+41-42)		
44. Annual Debt Service Payments		
45. Cash Ratio [(14+20-10-11)/7]		
46. Operating Accrual Ratio [(14+20+26)/7]		
47. TIER [(31+26)/26]		
48. DSCR [(31+26+10+11)/44]		

(3005c) Operating Report for Privately-Held Rate of Return Carriers

Cash Flow - Data Collection Form

Page 3 of 3

FD-Form 481

OMB Control No. 3060-0185

OMB Control No. 3060-0619

July 2013

<010> Study Area Code 300644
 <015> Study Area Name The Nova Telephone Company, Inc.
 <020> Program Year 2014
 <030> Contact Name - Person USAC should contact regarding this data Charles Curtis
 <035> Contact Telephone Number - Number of person identified in data line <030> 252-349-2203
 <039> Contact Email Address - Email Address of person identified in data line <030> charles.curtis@contaeis.com

PART C. STATEMENTS OF CASH FLOWS

1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)	
CASH FLOWS FROM OPERATING ACTIVITIES	
2. Net Income	
3. Add: Depreciation	
4. Add: Amortization	
5. Other (Explain) - Equity in (income) loss in Investments	
6. Decrease/(Increase) in Accounts Receivable	
7. Decrease/(Increase) in Materials and Inventory	
8. Decrease/(Increase) in Prepayments and Deferred Charges	
9. Decrease/(Increase) in Other Current Assets	
10. Increase/(Decrease) in Accounts Payable	
11. Increase/(Decrease) in Advance Billings & Payments	
12. Increase/(Decrease) in Other Current Liabilities	
13. Net Cash Provided/(Used) by Operations	
CASH FLOWS FROM FINANCING ACTIVITIES	
14. Decrease/(Increase) in Notes Receivable	
15. Increase/(Decrease) in Notes Payable	
16. Increase/(Decrease) in Customer Deposits	
17. Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)	
18. Increase/(Decrease) in Other Liabilities & Deferred Credits	
19. Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital	
20. Less: Payment of Dividends	
21. Less: Patronage Capital Credits Retired	
22. Other (Explain) - Equity investment in affiliate	
23. Net Cash Provided/(Used) by Financing Activities	
CASH FLOWS FROM INVESTING ACTIVITIES	
24. Net Capital Expenditures (Property, Plant & Equipment)	
25. Other Long-Term Investments	
26. Other Noncurrent Assets & Jurisdictional Differences	
27. Other (Explain) - Change in related party payables and receivables	
28. Net Cash Provided/(Used) by Investing Activities	
29. Net Increase/(Decrease) in Cash	
30. Ending Cash	